

BP-A553_CONSENT FOR HEPATITIS B VACCINE

CONSENT FOR HEPATITIS B VACCINE

U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS

I, _____, have read the above statement about Hepatitis B and the Hepatitis B Vaccine. I have been provided with updated information and have had the opportunity to ask questions about the benefits and risks of Hepatitis B Vaccination. I understand that there is no guarantee that I will become immune and that there is a possibility that I will experience an adverse side effect from the vaccine.

FOR WOMEN

I have been advised that studies have not been conducted to determine the effect of the vaccine on a developing fetus. Therefore, the safety of the vaccine is not known on the developing fetus.

Signature of the Recipient

Date

Signature of the Witness

Date